

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

## HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: LILIANA NICHOLLS INTERIORS  
BUSINESS STREET ADDRESS: 13650 SW 24 STREET, DAVIE, FL ZIP 33325  
BUSINESS MAILING ADDRESS: SAME ZIP \_\_\_\_\_  
BUSINESS PHONE: (954) 980-5033  
DESCRIBE TYPE OF BUSINESS: INTERIOR DECORATOR  
BUSINESS IS: Corporation \_\_\_\_\_ Sole Proprietor ☒ Partnership \_\_\_\_\_

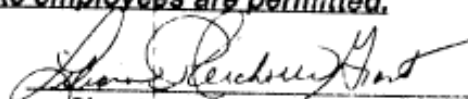
Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>LILIANA NICHOLLS GRANT</u>	<u>13650 SW 24 ST</u>	<u>DAVIE, 33325</u>	<u>(954) 980-5033</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number \_\_\_\_\_

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2000, and must be renewed before October 1st.

**This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

LILIANA NICHOLLS GRANT, - OWNER  
Print Owner or Officers Name and Title

  
Signature of Owner or Officer

Office Use Only: Date <u>6/8/00</u> Category <u>10400</u> Fee <u>31.50</u> Rec# <u>82789</u> New <input checked="" type="checkbox"/> Trans _____		
License # _____	Control # _____	Zoning <u>R-1</u> <u>(Oak Hill)</u>
Council approval Required _____ Yes _____ No _____	Zoning Approval _____	Date _____
Town Council Date _____	Approved _____	Denied _____
Tabled To _____	Approved _____	Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____		

3/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION